	tate ant.	DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS  FILED NOV 10 1943		MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH		State File No.	105
PERMANENT RECORD  XACTLY. PHYSICIANS should state	nid 8	Registration District No.	<u>la</u>	Primary Registration Distr	let No	Registrar's No. QA	(A.3)
	IANS should state is very important.	1. PLACE OF DEATH:			2. USUAL RESIDENCE OF DECEASE	3D: 5 (	
	IS V	(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)		(a) State Missouri	(b) County	<del>a-</del>	
	OCCUPATION	(c) Name of hospital or institution: 4325 John Ave.			(c) City or town St. Louis (If outside city or town limits, write "RURAL")		
	PAT	(If not in hospital or institution, write street number or location)  (d) Length of stay: In hospital or institution			(d) Street No. 4325 John		
	SCU.	(Specify whather			(1	f rural, give location)	7
RM	) • I	In this community 52 years, months or days)			(a) If foreign born, how long in U. S. A.?years.  MEDICAL CERTIFICATION		
F.	ent e	s. (a) PRINT FULL NAME Benjamin J. Schaberg			20. DATE OF DEATH: Month October day 25th		
Sh of	stated EAAC statement of	8. (b) If veteran, name war Nil		8. (c) Social Security No. None	year 943 hour	12 minute 2	55 Р.м.
	AGE snowa be classified. Exact	5. Color	or 6.	(a) Single, widowed, married,	21. I hereby certify that I attended the	/ A - A -	5 10 ×2
		4. Ser Male   Orace V	hite c	Zaivorced Widowed	that I last saw hat alive on	10-28	19 7
		6. (b) Name of husband or wife Bertha Schaber		(c) Age of husband or wife if alive deceased.	and that death occurred on the date and	hour stated above.	Duration
		7. Birth date of deceased April 28 1868 (Month) (Day) (Year)		Immediate cause of death		2 //	
				(aucer of 8)	ou och	MONSE	
و ي	ppur perl	8. AGE: Years Mont	ha Days	If less than one day	Due to	1 1 1	
CAINLY—USE UNFAI		75 5	27	hrmin.	Due to		
	areiumy may be	9. Birthplace arthasvi	le	Missouri (State or foreign country)			
		10. Usual occupation Packer (Retired			Other conditions	)   -	
	that	11. Industry or business U. S. Quartermaster Depot					PHYSICIAN
	<u> </u>		berg	·····	Major findings: Of operations		Underline
		18. Birthplace Unknov	7) FD. Of COURTY)	Germany V (State or foreign country)		······································	the cause to which death should be
	in te	14. Maiden name DOT The		00	Of autopsy		charged sta- tistically.
EE.	OF DEATH in plain	S   15. Birthplace Unknown (City, town, c	r county)	Germany C" (State or foreign country)	22. If death was due to external causes,		
WRITE	# H H	16. (a) Informant's own signature Fred Schaberg			(a) Accident, suicide, or homicide (specify)		
	EAT	(b) Address 4325 John Ave.			(c) Where did injury occur?		
= ]		17. (a) Burial (b) Date thereof (1-28-43 (Month) (Day) (Year)			(City or town) (County) (State)  (d) Did injury occurrin or about home, on farm, in industrial place, in public place?		
X 19511	CAUSE O	(c) Place: burial or cremation Laurel Fill Gardens  18. (d) Signature of funeral director Suedmeyer & Sons			While at work? (Specify for place)		
		18. (a) Signature of funeral director Street in Sulla (b) Add Gal 934 1943 20(1) St					
	z 3	19. (a) 000 (b) 1. V.			Address 1. 19/3/14	(M.D. oz	in our il
		(Date-feetyed local perjutyay)	<del>- (                                    </del>	(Licensed Embalmer's St			1
	•	•	•	,		•	

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by
, Registered Apprentice No
working under my personal supervision.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.